

**DoveLewis Emergency Animal Hospital – Initial Treatment  
FOR HOSPITAL STAFF USE ONLY**

<b>Patient Name:</b>	<b>Client Name:</b>
<b>Patient ID#:</b>	<b>Cage/Location:</b>
<b>Doctor/ TTO time</b>	<b>*Treatment Floor Time:</b>

PLACE CHART LABEL HERE

<b>T:</b> _____ °F @ _____ _____ @ _____ _____ @ _____ _____ @ _____	<b>P:</b> _____ bpm @ _____ _____ @ _____ _____ @ _____ _____ @ _____	<b>R:</b> _____ bpm @ _____ _____ @ _____ _____ @ _____ _____ @ _____
<b>B.P.:</b> _____ mmHg @ _____ _____ @ _____ _____ @ _____ _____ @ _____	<b>SpO2:</b> _____ off O <sup>2</sup> @ _____ <b>SpO2:</b> _____ on O <sup>2</sup>	<b>Weight:</b> _____ # _____ kg <b>mm:</b> _____ <b>CRT:</b> _____

**INITIAL TREATMENT ORDERS:**

___ IV Catheter _____	<input type="checkbox"/>	:
___ IV Fluids _____	<input type="checkbox"/>	:
_____	<input type="checkbox"/>	:
___ <b>Diagnostics:</b> CBC    Chemistry    UA    NOVA ( EXT / GAS / FULL )	<input type="checkbox"/>	:
___ <b>C.C.P. Chem(s):</b> _____	<input type="checkbox"/>	:
___ <b>Ultrasound:</b> _____	<input type="checkbox"/>	:
___ <b>Radiographs:</b> _____	<input type="checkbox"/>	:
_____	<input type="checkbox"/>	:
_____	<input type="checkbox"/>	:
_____	<input type="checkbox"/>	:
_____	<input type="checkbox"/>	:
_____	<input type="checkbox"/>	:
_____	<input type="checkbox"/>	:

\* Technicians are responsible for recording time patient came back to treatment floor

**Charges Entered:**

<input type="checkbox"/>	:
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